Title: **SIT/HOI: Standard Insurance Table/Other Health Insurance**

Session: **T-1-1430**

- Know what the Standard Insurance Table (SIT) is
- Understand the importance of the SIT
- Learn how to use the SIT appropriately
- Know how to avoid common data entry errors
- Be aware of, and be able to find, resources
- To provide an update on current issues
- To provide guidance on any resolution
- To provide a forum for MTF concerns

Standard Insurance Table (SIT)

- What is the SIT?
  - Insurance Table
  - List of insurance companies
  - Database of Health Insurance Carriers (HIC) and their claims addresses

Standard Insurance Table (SIT)

- Where is the SIT?
  - It resides on the Defense Enrollment Eligibility Reporting System (DEERS)
- DEERS is currently the central repository for:
  - Health Insurance Carriers (HIC) – SIT
  - Other Health Insurance (OHI) information

Standard Insurance Table (SIT)

- What information is needed?
  - Other Health Insurance/Health Insurance Carrier information
  - OHI starts the SIT process
- Where is OHI obtained?
  - DEERS OHI Search/Eligibility
  - DD 2569
  - Insurance Card
  - Beneficiary (patient)
  - Other

Standard Insurance Table (SIT)

- Who uses the information?
  - Military Treatment Facility (MTF) business offices use the Health Insurer's Claims address, stored on DEERS, to bill for beneficiary services rendered
  - Other entities (see slide 11)

Standard Insurance Table (SIT)

- How does it work?
  - SIT has the Health Insurance Company name and claims address
  - Other Health Insurance has the individual's policy information
  - OHI policy is "pointed" to the appropriate HIC address
  - A bill "drops" and is sent to the insurance company for payment

Logical Questions

- Is the Other Health Insurance on the SIT?
  - No, the OHI has a separate database on DEERS
- How is the OHI linked to the SIT?
  - OHI coverage is "pointed" to a Health Insurance Carrier entry on the SIT for the claims address of the HIC
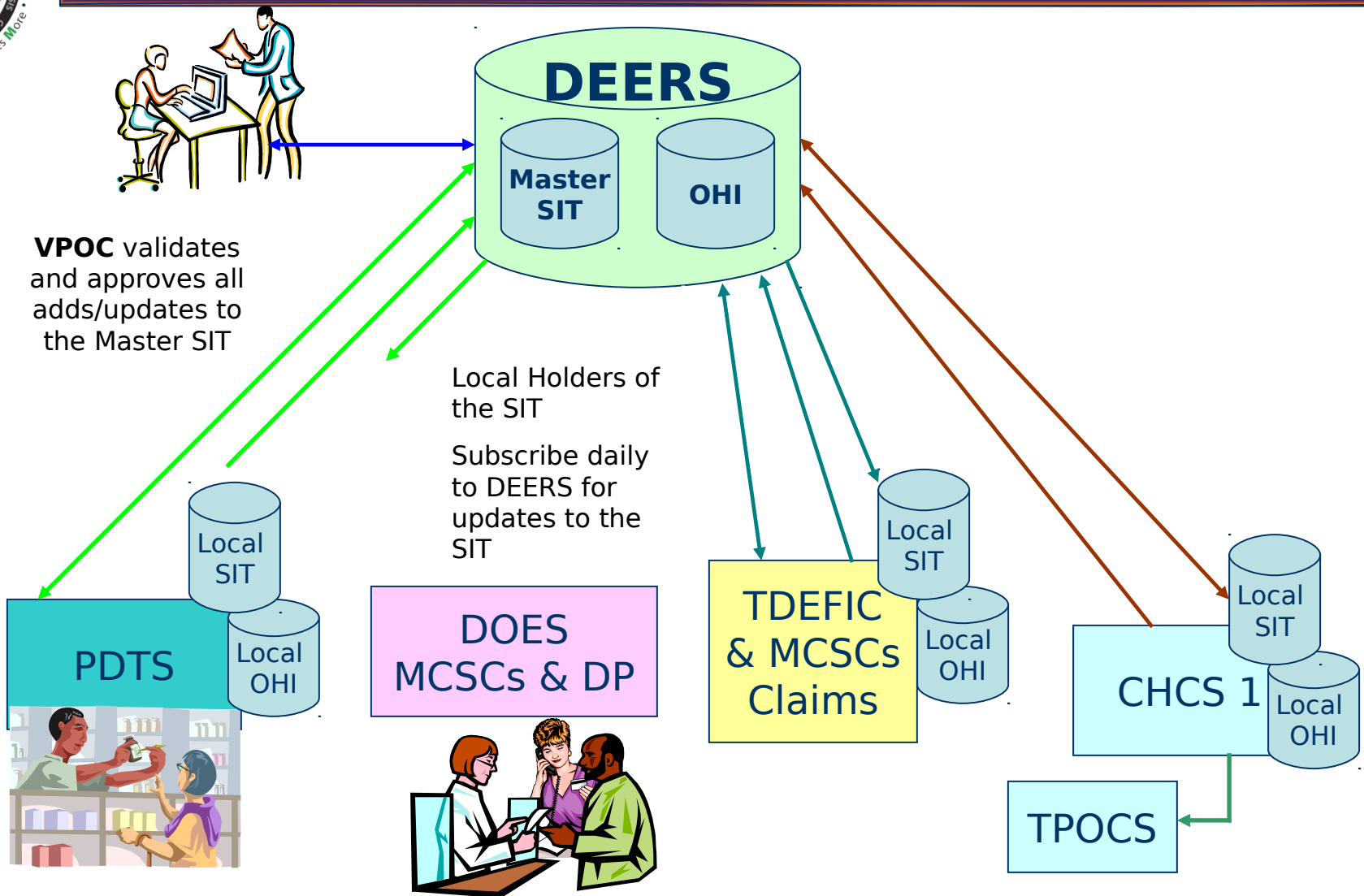
Standard Insurance Table (SIT)

- Why is the SIT important?
  - Allows MTFs to bill Other Health Insurance for services rendered
  - Allows for straightforward changes to the Local SIT
  - Increases Third Party Collections

Standard Insurance Table (SIT)

- How is the SIT accessed?
  - Via local MTF Composite Health Care System (CHCS)
  - The business office staff enters Health Insurance Carrier information and Other Health Insurance data in the local CHCS
  - The HIC and OHI data are transmitted directly to DEERS
  - Bi-directional flow of information

Information Flow

DEERS

Master SIT

OHI

VPOC validates and approves all adds/updates to the Master SIT

Local Holders of the SIT

Subscribe daily to DEERS for updates to the SIT

Local SIT

Local OHI

PDTS

DOES MCSCs & DP

TDEFIC & MCSCs Claims

Local SIT

Local OHI

CHCS 1

Local SIT

Local OHI

TPOCS

You have OHI so…What's Next?

CHCS

Composite Health Care System
Screens

CHCS Menu Screens

```
CFS     Common Files Supplementary Menu
DEP     Department and Service File Enter/Edit
HOS     Hospital Location File Enter/Edit
HPN     Host Platform Name Enter/Edit
MCD             Medical Center Division File Enter/Edit
MTF     Medical Treatment Facility File Enter/Edit
PRO     Provider File Enter/Edit
STM             Standard Insurance Company Table Menu
UIC     UIC Management Menu
ZIP     Zip Code File Enter/Edit
ACT     Inactivate/Reactivate File Entries
```

Select Common Files and Tables Maintenance Menu Option: **STM**

```
SIT     Standard Insurance Company Table
VIC     View Attorney Data
ATT     Attorney Enter/Edit
REP     Attorney Report
```

Select Standard Insurance Company Table Menu Option: **SIT**

- Standard Insurance Table
- Menu Options
  - Add
  - Update
  - View
  - Cancel
  - Deactivate
  - Report
  - Subscribe
  - TPOCS
  - Exit

Commonly Used Menu Options

- Add
  - Health Insurance Carrier (HIC) or coverage
  - First, do a partial look-up to see if company or coverage is already on table
- Update
  - On hold
- Cancel
  - Opportunity to cancel an entry, if in error
  - Only available to original site that entered
  - Must be in an unverified state
- Deactivate – do not use this option

Specific HIC Fields

HIC Entry Fields

- HIC ID Aetna of California = AETCA0001
  - Assigned by DEERS
  - Cannot be edited
  - Composed of first 3 characters of insurance name
  - 2-character state abbreviation
  - 4-digit number assigned by DEERS

HIC Entry Fields

- Coverage Type/Payer Type combination
  - Common Coverage Types:
    - XM   Comprehensive Medical
    - MD   Medical
    - RX   Pharmacy
    - VI   Vision
    - DN   Dental

Coverage Type Codes

- XM = Comprehensive Medical (default)
- MD = Medical
- DN = Dental
- IP = Inpatient
- OP = Outpatient
- LT = Long Term Care
- RX = Pharmacy
- MH = Mental Health
- VI = Vision
- PH = Partial Hospitalization
- SN = Skilled Nursing

Payer Type Codes

- B = Both Institutional and Professional (default)
- I = Institutional Only
- P = Professional Only
- N = Nonbillable

Other HIC Fields

HIC Status Code

- S = Standard (already

    verified)

- T = Temporary
- D = Deactivated
- P = Placeholder (not enough

    information)

- C = Cancelled

HIC Verification Status

- D = Unverified Data (OHI)
- U = Unverified Carrier
- V = Verified

Completed HIC Add Screen

SIT ID: Standard Insurance Table

ADD INS CO

Insurance Company Name: Aetna Health Care

Additional Description: State School System

Carrier Website: www.aetna.com
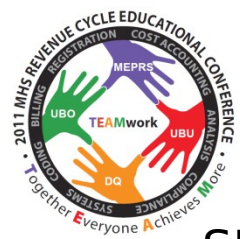
Customer Service E-mail: www.customer.aetna.com

HIC Status Code: T (Temporary)

HIC Verification Code: U (Unverified)

Coverage/Payer Type: XM/B (Medical – Inst/Prof)

  HIC Loc Commt: Local MTF

  HIC Std Commt: VPOC (Verification POC)

Completed Cov Add Screen

SIT ID: AETCA0034

STANDARD INSURANCE COMPANY

ADD INS CO

Insurance Company Name: AETNA HEALTH CARE

Coverage Type: MEDICAL

Payer Type Code: B (BOTH) INSTITUTIONAL
     AND

                                       PROFESSIONAL

Coverage Status Code: T   Coverage Verification Status:
     U

ATTN: Medical Claims

P.O. Box/St Address: PO BOX 246

Zip Code: 92121   Zip Ext:

State/Country: CALIFORNIA

City: SAN DIEGO

Phone Number: 8581021928   Phone
     Ext:

FAX Number:

Point of Contact (POC) Screen

Last Update System Name: System name of current user

defaults here

Last Update User Name: Current user name defaults

here

Last Update User Phone: 7035751710

Ext:

Last Update User E-mail: POC@altarum.org
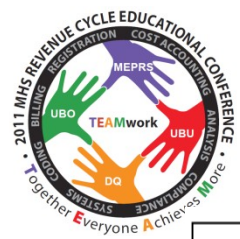
Specific OHI Fields

Insurance Type Code

and

Claim Filing Code

CHCS OHI Sample Screen Shot

```
                          OTHER HEALTH INSURANCE
           Patient: Doe, John                FMP/SSN: 02/000-00-0000
 Patient Category: USA FAM MBR AD        Patient SSN: 000-00-0000
              HCDP: TRICARE PRIME FAMILY COVERAGE  DMDC Pat ID: 00000000000
       Region Code:                                 Sex: MALE
               PCM:                             DOB/Age: 04 Jul 1776
=======================================================================
Insurance Company: Cigna
         Policy Id:                    Card Holder Id:
  Policy Eff Date:              End Date:              End Reason:
     Ins Type Code: CI     Claim Filing Code: 09    Policy Obsolete?|: NO
 PreCert Comments:


=======================================================================
  Coverage Type         Payer Type        Eff Date    End Date    Rank
=======================================================================
  COMPREHENSIVE MEDICAL  BOTH INST & PROF                         PRIMARY


Policy Last Modified:                   Policy Txn Sys:
```

Insurance Type Code

CI =   Commercial (default)

CP =   Medicare Conditionally Primary

GP =   Group Policy (Self-funded /employer-based)

HM =   HMO

AP =   Auto Policy

IP   =   Individual Policy

LD =   Long-Term Policy

LT   =   Litigation

MB =   Medicare Part B

MC =   Medicaid

MI   =   Medigap Part B

MP =   Medicare Primary

OT =   Other

PP   =   Personal Payment

SP   =   Supplemental Policy

Claim Filing Code Values

09 = Self-pay (default)
10 = Central Certification
11 = Other Non-Federal Programs
    (Self-insured programs, etc.)
12 = Preferred Provider Organization (PPO)
13 = Point of Service (POS)
14 = Exclusive Provider Organization (EPO)
15 = Indemnity Insurance (Old
    traditional policies)
16 = Health Maintenance Organization (HMO) Medicare
    Risk

AM = Automobile Medical
BL = Blue Cross/Blue Shield
CH = CHAMPUS
CI = Commercial Insurance Co.
    (Aetna, Cigna, etc.)
DS = Disability
HM = Health Maintenance Organization
LI = Liability
LM = Liability Medical
MB = Medicare Part B
MC = Medicaid
OF = Other Federal Program
    (use for Medicare)
TV = Title V (Medicare Maternal
    Child program)
VA = Veteran Administration
    Plan
WC = Workers' Compensation
    Health Claim
ZZ = Mutually Defined Unknown

Pharmacy

Pharmacy Entries

Pharmacy Entries

- Two Methods of Entry:
  - Coverage under a Carrier

HIC Name/Carrier:

First Choice

HIC_ID:

FIRVA 0001

Coverage Type:

RX

  - As a Carrier (HIC) Pharmacy Benefit Mgr (PBM)

HIC Name/Carrier:

Express Scripts

HIC_ID: EXPVA0001

Coverage Type:

RX

BIN and PCN

- New pharmacy numbers on insurance card usually located in the lower right corner
- Billing Identification Number (BIN)
  - Number is placed on the Attention line for paper claims
- Processing Control Number (PCN) – not requested at this time

Common HIC Entry Errors

- Common HIC Entry Errors
  - Incomplete queries with duplicate HIC entries
  - Insurance carrier name is abbreviated
  - Use of "RX" prefix: RXAetna for insurance carrier
  - Use of commas, periods, symbols: 18002345678
  - Use of DSN instead of commercial telephone number
  - Invalid insurance carrier telephone number
  - Incorrect Coverage Type: XM, MD entered and insurer is clearly Pharmacy
  - Failure to "cancel" an incorrect entry

Basic Rules/Data Quality

- Spell out entire name of insurance carrier
- Avoid use of acronyms unless actual name
- No punctuation, symbols, hyphens
- Include Point of Contact (POC) name and commercial telephone number
- Include valid insurance carrier telephone number
- Be specific in the Attention line
- Limit adding any insurance carriers billed only under Medical Affirmative Claim (MAC)
- Do not add any JAG offices
- For "Out of State Claims" (Attn Line), use the state HIC where the services were rendered

Sample HIC Entries for Review
Using
VPOC Screens

VPOC Queue

Add Verification: Search

HIC ID	COV	PYR	HIC NAME	ADDRESS	CITY	STATE	ZIP
ACOWV0006	MD	B	ACORDIA NATIONAL	P O BOX 11522	CHARLESTON	WV	2533!
AETKY0037	RX	B	AETNA	P.O.BOX 14024	LEXINGTON	KY	4051:
AETKY0038	RX	B	AETNA US HEALTHCARE	P. O. BOX 140224	LEXINGTON	KY	4051:
AETKY0039	RX	B	AETNA US HEALTHCARE	P.O. BOX 14024	LEXINGTON	KY	4051:
AETTX0051	RX	B	AETNA HEALTHCARE	PO BOX 686005	SAN ANTONIO	TX	7826(
AIGDE0002	XM	B	AIG	PO BOX 15701	WILMINGTON	DE	1985(
AIGNY0001	XM	B	AIG WORLD SOURCE	80 PINE STREET 8TH FLOOR	NEW YORK	NY	1000!
AMETX0021	RX	B	AMERICAN ADMINSTRATIVE GROUP	320 S POLK, STE. 200	AMARILLO	TX	7910'
APWMD0004	RX	P	APWU HEALTHCARE PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	2106(
APWMD0005	RX	P	APWU PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	2106(
ARGMO0022	RX	B	ARGUS PHARMACY	PO BOX 419019	KANSAS CITY	MO	6414'
BCBAZ0052	RX	B	BCBS	PO BOX 52136	PHOENIX	AZ	8507:
BCBCO0003	MD	B	BCBS OF COLORADO	PO BOX 173680	DENVER	CO	8021'
BCBKY0016	RX	B	BCBS OF ALABAMA	PO BOX 14711	LEXINGTON	KY	4051:
BLUCA0039	MD	P	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	9592;
BLUCA0039	RX	B	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	9592;
BLUCA0083	XM	B	BLUE CROSS OF CALIFORNIA	PO BOX 12020	BAKERSFIELD	CA	9338!
BLUOK0006	XM	B	BLUE CROSS BLUE SHIELD OF OKLAHOMA	PO BOX 21128	TULSA	OK	7412'

Example

HIC Carrier:

HIC ID: LABMD0007

Ver. Status Code: U

Ver. Status Date: 2007-01-11

* HIC Name: LABORERS NATIONAL HEALTH

Standard Comment:

Website Address: UNKNOWN

Cross Ref ID:

* POC Full Name: PGBA LLC

* POC Telephone No: 8778742273

Status Code: T

Ver. System Name: TNEX SOUTH

Ver. Status Time: 17:20:07

Local Comment:

Cust. Service E-mail: UNKNOWN

POC Contact E-mail: MYTRICARE.COM

POC Telephone No Ext.:

HIC Coverage:

* Coverage Type Code: XM

Status Code: T

Ver. Status Date: 2007-01-11

* Coverage Payer Type Code: B

Ver. Status Code: U

Ver. Status Time: 17:20:07

Mailing Address:

Attention: WELFARE FUND

* Address: 5565 STERRETT PLACE #210

* City: COLUMBIA

Zip Code: 21044

* Country Code: US

Standard Comments:

* Telephone No: 8002355805

State Code: MD

Zip Ext.: 1100

Local Comments:

Ext.:

Verification Point of Contact (VPOC) Role

VPOC

- VPOC Role
  - Verifies claims address, when possible
  - Ensures data quality prior to SIT entry
  - Contacts user POC for any questions
  - Provides insurer information in the Standard Comment field
  - Updates, Adds, Restores, Rejects an entry

Helpful Tips

- Remember to:
  - Query the SIT to avoid duplicates
  - Use the commercial telephone number for POC
  - Obtain a valid insurance carrier telephone number
  - Use local comment field for additional information
  - Cancel an entry when it is a mistake
  - Do not deactivate any Health Insurance Carriers (HICs)
  - Limit request for any updates
  - When in doubt, contact VPOC

What Is a Placeholder?

- Temporary OHI entry with incomplete payer information

- The word "Placeholder" or a series of 9's is entered into the Insurance Payer field

- Managed Care Support Contractors routinely create placeholders as a method to identify potential OHI and therefore, not be obligated to pay for the service

Placeholder Issue

- Currently over 650,000 placeholders in DEERS

- With an OHI inquiry, placeholders come down from DEERS and clog CHCS

- MTF staff workload increases to remove placeholders through verification of billable OHI

- SCR (System Change Request) in process
  - CHCS will filter placeholders so they will not descend from DEERS
  - CHCS will do a one-time sweep and remove all the current placeholders from the system
  - In the meantime, MTFs to continue with current process
  - SCR has been costed but no date as to when it will be funded

Loss of Connectivity with DEERS

- What is the usual activity?

  - There is an hourly subscription inquiry from DEERS to CHCS

- Why did it happen?

  - MTFs did not subscribe to DEERS during a 7-day period and local CHCS became out of sync with the central SIT

- How it is identified?

  - MTF unable to see current HICs on SIT

Connectivity Resolution

- MTF requests a full subscription
  - Menu path: DAA -> CFT -> CFM -> STM -> SIT -> Subscribe action (requires the DOD SIT MGR security key)
  - Select the DOD HIC Full Inquiry secondary menu option
  - Answer "yes" to the question, "Proceed with Full Subscription?"
  - The system will confirm that a Full Subscription has been tasked
  - The data returned from DEERS will be integrated automatically into CHCS

Update on SIT Clean-up

- Mail Handlers HICs cleanup is finished
- Pharmacy HICs cleanup
- MTFs are doing a great job with OHI re-pointing
- Possibility of eliminating 50% of the HICs
- Will notify MTFs through their Service-specific UBO representative with the final list of HICs to be deactivated
  - If no objections, a date will be set for the HICs to be deactivated
- No HICs should be deactivated by MTFs

Pharmacy BIN and PCN

- New pharmacy numbers on insurance card usually located in the lower right corner
  - Billing Identification Number (BIN)
    - Number is placed in the Attention line for paper claims
  - Processing Control Number (PCN) not requested at this time
  - Realize that we will have to add some duplicates
  - RX HICs because of electronic billing requirements

Summary

- If you notice a problem with CHCS or DEERS:
  - Try to identify a pattern
  - Provide examples or screen shots
  - Contact the MHS helpdesk
  - If not resolved, contact TMA UBO helpdesk

TMA/UBO Web Site

http://tricare.osd.mil/ocfo/mcfs/ubo/index.cfm

TMA/UBO Helpdesk

Functional Support

UBO.helpdesk@altarum.org

703-575-5385

Questions?